

## Clinical Neuropsychological Postdoctoral Residency Program



### Loma Linda VA Medical Center

Scott Wenger, PsyD  
Director of Clinical Training  
11201 Benton Street  
Loma Linda, CA 92357  
(800) 741-8387  
[scott.wenger2@va.gov](mailto:scott.wenger2@va.gov)  
<http://www.lomalinda.va.gov>

Bryan Goudelock, PhD  
Associate Director of Clinical Training  
11201 Benton Street  
Loma Linda, CA 92357  
(800) 741-8387  
[bryan.goudelock@va.gov](mailto:bryan.goudelock@va.gov)

**Applications due: January 1, 2016**

### *Accreditation Status*

The Clinical Neuropsychology Postdoctoral Residency program at the **VA Loma Linda Healthcare System** is not yet accredited by the Commission on Accreditation of the American Psychological Association but is seeking specialty accreditation in Clinical Neuropsychology. A self-study is underway with anticipated completion by the end of 2015. The first year of the program, however, meets the same standards as the other clinical psychology postdoctoral positions at the Loma Linda VA that are currently seeking APA accreditation (site visit occurred November 2015). Questions regarding the accreditation process and status may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

### *Application & Selection Procedures*

**Qualifications for Residency include:** U.S. citizenship, earned doctorate in psychology from an APA-accredited program by start date (this includes completed defense of the dissertation), and completed APA-accredited internship.

It is important to note that a **CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING** are required to become a VA resident. The Federal

*This document may contain links to sites external to Department of Veterans Affairs.  
VA does not endorse and is not responsible for the content of the external linked websites.*

Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this residency and fit the above criteria, you will have to sign it. All residents will have to complete a Certification of Citizenship in the United States prior to beginning the residency. We will not consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff.

The Department of Veterans Affairs is an Equal Opportunity Employer; all of our training programs are committed to insuring a range of diversity among our training classes.

**Application:** The following are required by **January 1, 2016**:

- Letter of interest that clearly includes: how you envision this training will further your aspirations as a clinical neuropsychologist; experience working with diverse populations; and research interests.
- Autobiographical statement to help us begin getting to know you.
- Current CV that includes a description of your internship rotations and anticipated graduation date.
- Copy of your graduate transcript(s).
- Letter of reference from your internship director, describing your progress and anticipated completion date.
- A letter from the chair of your dissertation committee that details the status of your dissertation and the anticipated completion date of your doctoral training. Your doctoral degree must be completed before the start date of your postdoctoral training
- Two letters of reference from supervisors familiar with your work in neuropsychology.

- A de-identified assessment report appropriate to the Neuropsychology residency.

Please Note: We require submitted applications to come through the APPA CAS portal (APPIC Psychology Postdoctoral Application Centralized Application Service) and we will abide by the suggested APPIC Postdoctoral Selection Guidelines posted here:

<https://appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines> . The above documents will be requested and should be submitted through the CAS portal. Complete the basic demographic, education, clinical training information, and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate program(s) (emphasis area) within the Loma Linda VA Health Care System. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations").

**Deadlines/Stipend/Benefits:** Notification regarding interviews will take place in mid to late January with interviews to follow. Interviews will be not be conducted at INS but will be either in person at Loma Linda VA or on the telephone. We participate in the APPCN Resident Matching Program with a match date of February 22, 2015. This residency site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant. Details of the APPCN Matching Program can be found at: <https://natmatch.com/appcnmat/>

The Clinical Neuropsychology Residency program begins on August 22, 2016. This is a two-year full-time program. Current stipend/salary is \$47,049 for year one, increasing to \$49,592 for year two. Our program is organized to provide two full years of postdoctoral training. However, advancement to the second year is contingent on successful completion of first year requirements. Vacation, sick leave, authorized leave for conferences, and health insurance are available.

## Psychology Setting

The Clinical Neuropsychology Residency program is part of a larger Clinical Psychology Postdoctoral program at VA Loma Linda Healthcare System comprised of eight additional postdoctoral residency positions with emphasis in the following areas: one in trauma, four in health psychology, one in general outpatient mental health (with an emphasis in Evidence Based Psychotherapies), and two in holistic mental health. The first cohort of postdoctoral residents began in September 2008 in Health Psychology and Trauma. The first Neuropsychology resident began in September 2010; there have been a total of three Neuropsychology residents.

### *VA Loma Linda Healthcare System*

The VA Loma Linda Healthcare System, also known as Jerry L. Pettis Memorial Veterans Medical Center, opened in December 1977. It is located on a beautifully landscaped thirty-four acre site. The four-story Medical Center building contains an internal space equivalent to fifteen football fields. The second floor houses the Behavioral Medicine Service staff, including offices for psychology residents, group treatment rooms, and a 32-bed inpatient psychiatric unit. Neuropsychology and Substance Treatment and Recovery (STAR) programs are housed in the newly constructed Valor building, which is just north of the main hospital. To fulfill the agency's three-fold mission of patient care, teaching, and research, the Medical Center is equipped with up-to-date diagnostic, therapeutic, and support equipment. Medical research programs are allocated over 40,000 square feet of space, and an active affiliation is maintained with the Loma Linda University Medical and Dental Schools.

Primary care modules serve the medical needs of an estimated 71,821 Veterans. Outpatient clinics specializing in women's health (located off-site at a clinic in Redlands), post-deployment assessment, preventive

medicine, and chronic/acute pain are also available. Other specialized treatment programs include the hemodialysis unit; the Community Living Center (nursing home and hospice care, 108 beds); medical and surgical intensive care units; and a coronary care center. With a dedicated staff of over 2,706 employees and 1,460 volunteers, the Medical Center provides approximately 9,561 inpatient, and 778, 637 outpatient visits annually (2014). Five community outpatient clinics affiliated with the Medical Center provide access to care to Veterans throughout the region.

**Local Information:** Loma Linda, a city with about 23,000 residents, is located in the "Inland Empire" region of Southern California. The 2010 census indicated that the Inland Empire was the fastest growing area in California and is comprised of a 44% Latino, 9% African American, and 8% Asian ethnic minority population. One of the most unique aspects of the Loma Linda community is the large concentration of the Seventh Day Adventist religion with Loma Linda being only one of five cities in the world designated as a Blue Zone, where residents live measurably longer lives often past the age of 100.

Loma Linda is situated to the east of Los Angeles and approximately 75 miles from the Pacific Ocean. This is an area rich in California history. Agriculture, especially citrus, still plays an important role in the local economy. The San Bernardino Mountains (with peaks rising to 10,000 feet) can be seen just to the north and east of the Jerry L. Pettis Memorial Veterans Medical Center. The southern Sierra Nevada range is accessible within a half day drive and provides outstanding skiing, hiking, and backpacking trails. The Mediterranean climate makes for ideal weather during most of the year. With approximately 300 days of sunshine, there are unlimited opportunities for involvement in outdoor recreational activities. San Diego, Orange, and Los Angeles county beaches can be explored year round. Resorts in Palm Springs and other desert communities are accessible within one hour.

The nearby cities of Redlands, San Bernardino, and Riverside provide additional urban benefits, such as affordable housing, music, theatres, museums, dining, and entertainment. Los Angeles and San Diego offer an abundance of cultural attractions, sporting events, musical performances, restaurants, nightclubs, and theme parks. For single people and families alike, this region provides a unique opportunity for access to nature, sunshine, the ocean and entertainment, without the crime and congestion associated with other urban areas.

There are several universities and healthcare training facilities located in and around Loma Linda. Established 100 years ago, Loma Linda University (LLU) has grown into an internationally recognized center for medical, dental, behavioral, public health, and allied health training. The LLU Medical Center is located less than one mile from the VA Medical Center. Physicians, nurses, and allied health staff provide clinical, research, and teaching services in both places. The University of California, Riverside is currently developing a School of Medicine. The neighboring community of Redlands is home to a private undergraduate university. California State University, San Bernardino provides excellent undergraduate training in psychology and human development.

### ***Psychology Section***

The Psychology Section of the interdisciplinary Behavioral Healthcare Service consists of over forty psychologists including the Psychologist Executive and the Directors of Training, three Psychology Technicians, one Supported Employment (SE) Vocational Rehabilitation Specialist one Compensated Work Therapy (CWT) Vocational Rehabilitation Specialist, and 9 Peer Support Specialists. Assignments for the staff psychologists are as follows: 5 within Trauma Services, 4 within Health Psychology, 2 within Neuropsychology, 2 within Geropsychology, 3 within Addictions and inpatient psychiatry, and the remaining clinicians within some combination of intake clinic, or general outpatient Behavioral Health Services, including assignments at our 5 outpatient

clinics. Psychology Section staff work collaboratively with other Behavioral Medicine personnel, such as psychiatrists, nurse practitioners, and social workers, including a Suicide Prevention Coordinator/Team.

The Psychology Section also incorporates a Counseling Psychology/Vocational Counseling Program. This program provides vocational and psychological assessment, career exploration, individual and group counseling, vocational rehabilitation planning, job search assistance, training in job interviewing techniques, and referral to community-based programs. It also consists of the Compensated Work Therapy (CWT) program, which places Veterans in highly supervised, part-time positions as part of their vocational rehabilitation.

The major functions of the Psychology Section include the provision of psychological services to patients, consultation, teaching, and program development and outcome. Psychologists provide comprehensive services to inpatients and outpatients of the Medical Center and to their families through a variety of roles. In addition, they serve as members of interdisciplinary treatment teams on both inpatient and outpatient units, coordinators of vocational and psychosocial rehabilitation programs, and serve the Medical Center as consultants.

There is also a strong emphasis on pre-doctoral training. Nine psychology practicum students and seven pre-doctoral interns receive training within the Behavioral Medicine Service and the inpatient Community Living Center. The Psychology Internship Program has been accredited by the American Psychological Association (APA) since 1981.

## *The Veteran Population*

The Medical Center is a federally-funded teaching hospital and, as such, is dedicated to the education, research, and provision of innovative healthcare services to Veterans. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice. Our goal is to prepare psychologists to work with individuals of diverse ethnic, religious, sexual orientation, and cultural backgrounds.

According to the Census Bureau (2011) there are approximately 21.5 million military Veterans, of which 1.6 million are women. Veterans represent about 7% of the U.S. population over the age of 18. Most Veterans served during times of war. The number of Veterans who served during the following periods of service can be broken down as follows: Vietnam era (7.5 million), World War II era (1.8 million), the Korean War (2.5 million), from August 1990 or later (from the Gulf War to current time) (5.1 million). The 2011 Census also indicates that the Veteran population is comprised of men and women who identify in the following ethnic categories (numbers are approximate): Caucasian (17.2 million), African American (2.3 million), Latino (1.2 million), Native American (153,000), Asian (265,000), Pacific Islander (27,000), and multi-racial.

Our patients span the generations allowing us to serve Veterans from the age of 18 up into their 90's. Additionally, the Veteran population has an ever increasing number of women due to the changing demographics of the modern military. The Veteran population also has a culture in and of itself and the residents are able to gain experience delivering services taking into account the unique medical and mental health challenges of those who served in the military. The Loma Linda VA Medical Center hosts many unique opportunities as it launched the VA Transgender SCAN-ECHO program and was chosen as the national coordinating center for all VAs nationwide to assist in developing local clinics and

teams. Our site has recently developed a Transgender Veteran Health Program and has been recognized as a “Leader in Lesbian Gay Bi-Sexual Transgender (LGBT) Healthcare Equality” by the Human Rights Campaign (HRC) Foundation. Services are also offered to the family members of Veterans, including education, collaboration and involvement in treatment planning for the Veteran, as well as additional specific services within Psychology geared towards family members and significant others, to include couples therapy, and support and education to caregivers of OEF/OIF/OND Veterans and caregivers of Veterans with neurological or neurodegenerative conditions.

### ***Training Model and Program Philosophy***

The comprehensive mission of our psychology postdoctoral residency training is to provide our residents with the experiences necessary for them to become scientifically oriented, thoroughly ethical, intensively trained, and highly skilled psychologists, well-prepared as professionals in the discipline of clinical neuropsychology in the twenty-first century.

The underlying philosophy of our Clinical Neuropsychology Postdoctoral Residency Program is that sound clinical practice is based on science and that clinical experience and practice direct scientific questions and theories. As such, the program has developed into a scientist-practitioner model of professional training and education. We encourage and promote clinical practice that is evidence-based and consistent with current literature and knowledge. We strive to produce neuropsychologists who are able to function effectively in a variety of multidisciplinary settings, such as a VA hospital or other teaching hospitals. Although graduates of the program may ultimately choose careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that scientists will practice with a strong and informed clinical framework and clinicians will practice from a scientific basis.

Learning and training is conducted using the developmental model of supervision where we recognize and appreciate that postdoctoral residents enter into their residency year(s) with varying degrees of experience and skills. As such, skill development is sequential and focuses on mastering skills (after receiving scaffolding, feedback, and appropriate amounts of support), before moving to more advanced levels of training and independence.

### ***Program Goals and Objectives***

The goals of the Clinical Neuropsychology Postdoctoral Residency Program follow the core domains of professional activity and exit criteria outlined in the Houston Conference Guidelines and are:

1. For residents to develop advanced practice competence in assessment, diagnosis, and intervention with diverse adult and older adult populations with a wide range of medical and psychological presentations.
2. For residents to develop advanced competence in consultation, supervision, and teaching so they may understand and successfully work within clinic or team structures. They will also develop skills for clinical supervision of trainees using psychological principles and effectively teach others on topics related to clinical neuropsychology.
3. For residents to participate in scholarly inquiry by effectively reviewing relevant literature and integrating the science into practice as well as contribute to the scientific literature by completing a meaningful portion of a project such as manuscript preparation, presentation, or outcome assessment.
4. For residents to develop advanced skills in organization, management, administrative, and program evaluation.
5. For residents to demonstrate professionalism and adhere to ethical and legal principles.
6. For residents to develop advanced competence in integrating cultural and individual diversity into clinical practice and scholarly inquiry.

Accomplishing these goals, the residents will develop an advanced understanding of brain-behavior relationships, meet the Houston Conference Guidelines exit criteria, and be eligible for state licensure and board certification in Clinical Neuropsychology by the American Board of Professional Psychology.

### ***Program Structure***

The Neuropsychology postdoctoral residency training program provides advanced clinical training in Neuropsychology and is committed to implementing the recommendations of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology that will qualify the resident for the American Board of Clinical Neuropsychology/American Board of Professional Psychology (ABCN/ABPP) diploma. This is a full-time work commitment, with an average of 40 hours worked per week. Neuropsychology residents' distribution of effort will be approximately 70% clinical, 10% research, and 20% didactics/program development.

Residents will receive training in the Neuropsychology Outpatient Clinic and will also be a part of the Polytrauma interdisciplinary team. Although ***assessment*** is a primary concentration of this Residency, the resident will also receive training and supervision in psychotherapy (e.g., EBPs, cognitive rehabilitation with Veterans with TBI or dementia), psychoeducation, consultation/liaison, clinical research, program development, and working within interdisciplinary teams. While working on this rotation, the resident will also have the opportunity to participate in the supervision of psychology practicum student(s) and pre-doctoral intern(s).

The Neuropsychology resident will develop specific skills in neuropsychological consultation within a general medical setting and assess patients with a wide variety of neurological, medical, and psychological disorders including various types of dementia, traumatic

brain injury, seizure disorder, and mood disorders. Veterans are referred from all medical departments/clinics of the Loma Linda VA Medical Center, including Primary Care Clinics, Behavioral Medicine, Geriatric Primary Care, Dementia Clinic, Polytrauma Clinic, Cardiology, Oncology, Nephrology, Neurology, Infectious Disease, Community Based Outpatient Clinics, Community Living Center (CLC), and Addictions Treatment.

Additional educational opportunities include:

- Bi-weekly neuropsychology didactics
- Bi-weekly journal club
- First year (Neuroanatomy) and second year (Clinical Neurology, Neuropharmacology, and Neuropathology) medical student courses at the Loma Linda School of Medicine
- Neuropsychology Case Conference
- Brain Cuttings
- Neurology Grand Rounds at the Loma Linda Medical Center
- Evidence Based Psychotherapy (EBP) Clinic
- Supervision of Intern Case Conference
- Lecture and Seminar Presentation Opportunities

Supervision: All Psychology residents are supervised in accordance with the American Psychological Association (APA) and the Board of Psychology (BOP), State of California Guidelines and Principles. The Directors of Training meet with supervisors monthly or more often to discuss the performance and growth of residents in order to provide the best training possible. At least two hours of individual supervision is also provided every week, with more as needed. In addition, the resident participates in two hours of group supervision through weekly Case Conferences and Group Supervision/Professional Development Hour with the other postdocs. The Neuropsychology resident will also receive an hour of group supervision through weekly neuropsychology case conference. Opportunities exist for residents to provide supervision to pre-doctoral interns and/or psychology practicum students and conduct

professional training seminars or presentations. Additional options for continuing education are offered throughout the training year. Outstanding library, computer, and medical media services are available to residents. Authorized leave for continuing education and professional conference attendance is encouraged.

### ***Requirements for Completion of Postdoctoral Residency***

Prior to beginning the postdoctoral residency at the Loma Linda VAMC, each resident completes a self-assessment that helps to identify areas of strength and weakness. This then helps the primary supervisors to tailor the training experience for each resident. The residents are strongly encouraged to expand their clinical horizons by gaining experiences in areas that they feel less competent in while still under appropriate supervision.

***It is expected that upon completion of the program, all postdoctoral residents will demonstrate competence in the following domains:***

- A. Assessment, Diagnosis and Interventions
- B. Consultation, Supervision, and Teaching
- C. Scholarly Inquiry
- D. Organization, Management, Administration and Program Evaluation
- E. Professional, Ethical and Legal Issue
- F. Cultural and Individual Diversity

At the beginning of the training year, each resident will receive a Psychology Postdoctoral Residency Manual that specifies the required competency elements within each domain. Each resident is evaluated twice per year in the above domains, or more frequently if helpful and/or necessary.

**5 =Independent Competence.** Resident is independent in all aspects of this clinical activity. Resident is able to function autonomously at the level of an independent practitioner.

**4 = Advanced Competence.** Resident clearly demonstrates advanced competence in most aspects of this clinical activity. Trainee shows competencies typical of residents in latter portion of their residency training. Resident continues to benefit from limited guidance.

**3 = Satisfactory.** Resident demonstrates competencies in this clinical area typical of trainees in the middle portion of their residency training. Resident requires supervision of some aspects of the clinical activity.

**2 =Needs Improvement.** Resident demonstrates competence in this clinical activity typical of trainees at the start of residency training. Resident requires close supervision but may be independent in some aspects of the clinical activity.

**1 = Needs Remediation.** Resident demonstrates competencies at a very basic level, below that expected of a trainee at the start of residency training. Resident is in need of remediation in this area and a plan will be created to address this area of deficiency.

### ***Facility and Training Resources***

**Facilities:** The Medical Center has been recognized nationally as the recipient of the Robert W. Carey Organizational Excellence Award in 2003. It is located close to several other major training facilities, i.e., Loma Linda University Medical Center and Patton State Hospital, and has training agreements with both. VAMC residents are encouraged to participate in a wide range of training opportunities throughout the year, which also facilitates their completion of psychology continuing education coursework required to obtain licensure.

**Office space and equipment:** Depending upon availability, office space may be shared with another postdoctoral resident or trainee. All offices include personal computers with access to VA's state-of-the art Computerized Patient Record System (CPRS), the VA and Federal government websites (i.e., intranet) for on-line continuing education, and to the Internet for research and other professional communications.

**Neuropsychology Clinic and Computer Laboratory:** The neuropsychology clinic is supported by a part-time Psychology Technician who administers neuropsychology screening batteries and oversees the clerical activities of the clinic, including scheduling appointments, maintenance of the computer laboratory, ordering testing supplies, and computer maintenance.

The Neuropsychology Clinic Computer Laboratory is available for computerized neuropsychological assessment programs which include but are not limited to: Iowa Gambling Test (IGT), Victoria Symptom Validity Test (VSVT), Wisconsin Card Sorting Test Computer Version 4 (WCST-CV4), and online administration and interpretation of objective personality assessment instruments: Millon Clinical Multiaxial Inventory-3 (MCMI-3), Minnesota Multiphasic Personality Inventory-2 (MMPI-2), PAI (Personality Assessment Inventory), and Rorschach Interpretation Assistance Program-5 (RIAP-5). Scoring programs are available for the Behavior Rating Inventory of Executive Function Software Package (BRIEF-SP), California Verbal Learning Test-2 (CVLT-2), Halstead-Reitan Battery (Heaton), Neuropsychology Assessment Battery (NAB), Wechsler Adult Intelligence Scale-III and IV (WAIS-III and WAIS-IV), and Wide Range of Achievement Test-4 (WRAT-4).

**Library/Information Services Support:** All VAMC trainees have access to state-of-the art information services, including traditional library resources and information technology services (ITS). The Department of Veterans Affairs is a world leader in applied medical research, and this VA Medical Center is fortunate to have an active

Research Service which can provide research consultation including use of Statistical Package for the Social Sciences (SPSS) for data analysis.

**Staff/Supervision:** Interaction between residents and psychology staff will be in the form of individual and group supervision, and formal and informal educational activities. Residents are invited to attend on-site CEU offerings in areas inside and outside their area of expertise and may be invited to be part of the presenting faculty for topics relevant to their emphasis area. Interaction with staff from psychology and other disciplines are available through the resident's active participation in interdisciplinary program development and treatment team meetings as well as informal case consultations.

### ***Administrative Policies and Procedures***

The policy of the Psychology postdoctoral residency program on Authorized Leave is consistent with the national standard. Applicants are welcome to discuss this with the Director of Training.

**Due Process:** All residents are afforded the right to due process in matters of problem behavior and grievances. The due process document is distributed to and reviewed with all residents during their first week at VA Loma Linda. A copy of our due process policy is available on request.

**Privacy policy:** We collect no personal information from potential applicants who visit our website.

**Self-Disclosure:** We do not require residents to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the resident's performance and such information is necessary in order to address these difficulties.

## ***Training Staff***

### **Clinical Neuropsychology Postdoctoral Residency Program Primary Supervisors:**

#### **SAMANTHA L. FRENCH, PhD**

*Neuropsychology & Polytrauma*

Doctoral Program: University of Nevada, Las Vegas, Clinical Psychology, 2008

Predoctoral Internship: VA Palo Alto Healthcare System, Neuropsychology Track, 2008

2-Year Postdoctoral Residency: West Los Angeles VA Medical Center, Geriatric Neuropsychology, 2010

Areas of Interest: Neuropsychology, Geropsychology, dementia, fear of developing Alzheimer's disease, dementia caregiver support, rehabilitation psychology

#### **CHRISTINE KIM, PhD**

*Neuropsychology*

Doctoral Program: Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology, 2008

Predoctoral Internship: West Los Angeles VA Medical Center, Geropsychology Track, 2008

2-Year Postdoctoral Residency: Semel Institute for Neuroscience & Human Behavior and Easton Center for Alzheimer's Disease Research, David Geffen School of Medicine at UCLA, 2010

Areas of Interest: Neuropsychology, Geropsychology, dementia

### **Adjunct Staff/Supervisors:**

#### **SHEILLY ARORA, PhD**

*Behavioral Health Interdisciplinary Program: Sun City CBOC*

2005, Derner Institute of Advanced Psychological Studies, Adelphi University, Clinical Psychology

#### **ROXANNE BAYAN, PsyD**

*Trauma Recovery Services: PTSD and Substance Use Disorder (SUD) Specialist*

2012, Florida Institute of Technology, Clinical Psychology

Areas of Interest: Trauma and substance use disorders, individual and group psychotherapy, evidence-based psychotherapy for PTSD including Cognitive Processing Therapy and Prolonged Exposure, Harm Reduction model for SUD populations, and Motivational Interviewing.

#### **LORI BRODIE, PhD**

*Behavioral Health Interdisciplinary Program*

2003, University of California, Santa Barbara, Counseling/Clinical/School Psychology

Areas of Interest: Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy for PTSD, Acceptance and Commitment Therapy, Biofeedback, psychological evaluation for weight loss surgery, cross-cultural and diversity issues.

#### **JOSHUA M. BULEY, PsyD**

*Behavioral Health Interdisciplinary Program - Evaluation*

2004, Indiana State University, Clinical Psychology  
Areas of Interest: Cognitive behavioral therapy, differential diagnosis, professional issues.

**TYSON CHUNG, PhD**

*Behavioral Health Interdisciplinary Program*

2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology  
Areas of Interest: Psychological assessment, outpatient psychotherapy

**PAUL CUSTER, PhD**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*

2001, Fuller Theological Seminary, Graduate School of Psychology

Post Doctoral Residency at Patton State Hospital, 2002

Areas of Interest: Severe mental illness, psychodynamic psychotherapy, integrating theoretical approaches, professional training and development

**LUTHER E. DAVIS, PhD, ABPP-CP**

*Psychology Executive*

2006, Loma Linda University, Clinical Psychology

Areas of Interest: Program management and policy, cognitive-behavioral therapy, primary care mental health integration, motivational interviewing, cognitive processing therapy, military mental health, and individual/group psychotherapy

**SERENA ENKE, PhD**

*Behavioral Health Interdisciplinary Program: Murrieta CBOC*

2009, Colorado State University, Counseling Psychology

Areas of Interest: Group therapy, evidenced-based treatments, incorporating mindfulness into the treatment of PTSD and general outpatient mental health.

**NANCY L. FARRELL, PsyD/DrPH**

*Couples Psychologist/ Behavioral Health Interdisciplinary Program*

2005, Loma Linda University, Clinical Psychology & Public Health Preventive Care

Areas of Interest: Promote and provide healthy living and preventive care, health behavior change, staff training and health coaching.

**MONICA M. FREDERICK, PsyD**

*Behavioral Medicine Service*

2006, Loma Linda University, Clinical Psychology

Areas of Interest: Health psychology: primary care integration; lifestyle and chronic illness; health beliefs; stages of change; mindfulness; clinician-patient communication.

**MARIAN GHEBRIAL, PhD**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*

2005, Pennsylvania State University, Clinical Psychology

Areas of Interest: Axis I and II disorders, namely addiction, trauma, anxiety disorders, relapse prevention, individual, group, and couples psychotherapy. Cognitive-behavioral and integrative

therapy models; motivational interviewing. Research interests include antisocial behavior, psychopathic personality traits and treatment outcome research.

**MICHAEL A. GOLDSTEIN, PsyD**

*Behavioral Health Interdisciplinary Program*

1983, University of Denver, Clinical Psychology

Areas of Interest: Cognitive-behavioral therapy, mindfulness, weight & lifestyle management, group psychotherapy, addictions, health psychology

**BRYAN K. GOUDELOCK, PhD**

*Associate Director of Clinical Training, Training Director – Holistic Mental Health Program, Behavioral Health Interdisciplinary Program, & PTSD Clinical Team*

2007, Fuller Theological Seminary, Graduate School of Psychology

Areas of Interest: CPT, IBCT, Motivational Interviewing, cognitive behavioral & psychodynamic psychotherapy, differential diagnosis, individual & group psychotherapy, PTSD, professional training & development, crisis assessment & intervention.

**KRYSTAL GREGG, PsyD**

*Health Promotion and Disease Prevention Program Manager*

2013, George Fox University, Clinical Psychology

Areas of Interest: Health psychology, primary care mental health integration, consultation, motivational interviewing, health behavior change, psychological assessment, group and individual psychotherapy

**SCOTT GROVER, PhD**

*Behavioral Health Interdisciplinary Program –Outpatient General Mental Health Clinic*

2012, Clinical Psychology, Fuller Theological Seminary, Graduate School of Psychology

Areas of Interest: Acceptance and Commitment Therapy for anxiety/depression/PTSD/psychosis/chronic pain, Treatment of PTSD using Cognitive Processing Therapy, cognitive-behavioral therapy for anxiety/depression, psychological assessment (PAI and MCMI-III).

**SHIRLEY C. KILIAN, PhD**

*Community Living Center-formerly Nursing Home Care Unit*

2004, Graduate School of Psychology, Fuller Theological Seminary, Clinical Psychology

Areas of Interest: Neuropsychology, geropsychology, differential diagnosis

**CHRISTINA LARSON, PhD**

*Behavioral Health Interdisciplinary Program, & PTSD Clinical Team*

2011, University of North Texas, Clinical Psychology

Areas of Interest: Acceptance and Commitment Therapy for depression, trauma, and substance use; psychological assessment

**IAN LOWE, PsyD**

*Community Living Center-formerly Nursing Home Care Unit*

2012, Azusa Pacific University, Clinical Psychology

Areas of Interest: gerontology, end-of-life care, health psychology, assessment, severe mental illness and interdisciplinary integration.

**JOHN MCKELVIE, PsyD**

*Behavioral Health Interdisciplinary Program: Palm Desert CBOC*

2008, Illinois School of Profession Psychology – Chicago

Areas of Interest: Geropsychology, trauma, evidence-based psychotherapies, psychodynamic psychotherapy

**ANNA MEDINA, PhD**

*Behavioral Health Interdisciplinary Program*

2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Areas of Interest: Cognitive Behavior Therapy (individual therapy), Cognitive Processing Therapy for PTSD, Psychological Assessments, Pension and Compensation Evaluations, Seminars on topics relevant to adjustment issues for OEF/OIF/OND Veterans returning from deployment. Other interests include: Spirituality and healing, Dialectical Behavior Therapy, and Psychopharmacology as it relates to healing, recovery, and symptom management.

**PAULETTE ROGERS, PhD**

*Compensation and Pension Examination Program*

1984, University of Pittsburgh, Pittsburgh, Pennsylvania, Clinical Psychology

Navy Psychologist on Active Duty from 1986 -1995.

Areas of Interest include: Compensation and Pension Psychological Assessments; Cognitive Behavioral Theory and Therapy; EMDR; Social Learning and Behavioral Theory; Treatment and evaluation of PTSD, and other mental disorders.

**SARAH L. SARUBBI, PsyD**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*

2012, Nova Southeastern University

Areas of Interest: Brief mental health assessment in primary care, Motivational Interviewing, medication adherence and management of chronic health conditions, brief CBT and ACT interventions for depression, anxiety, insomnia, chronic pain, and addictions

**KENDRA TRACY, PhD**

*Behavioral Health Interdisciplinary Program*

2014, University of Nevada, Las Vegas, Clinical Psychology

Areas of Interest: Cognitive Processing Therapy, Acceptance & Commitment Therapy, Gottman relationship skills, cognitive-behavioral & psychodynamic psychotherapy.

**LAUREN WARNER SIMMONS, PhD**

*Behavioral Health Interdisciplinary Program: Corona CBOC*

2004, Oklahoma State University, Counseling Psychology

Areas of Interest: Evidence-based psychotherapy for PTSD (Cognitive Processing Therapy & Prolonged Exposure), mindfulness-based approaches, post-traumatic growth, patient-centered team based care, interprofessional mental health education.

**ELIZABETH WELSH, PhD**

*Women's Health Clinic, Primary Care Mental Health Integration/ Behavioral Health Interdisciplinary Program*

2011, Fuller Graduate School of Psychology, Clinical Psychology; Post-Doctoral Residency in Health Psychology at VA Loma Linda Healthcare System

Areas of Interest: Interests include women's health issues & trauma recovery, weight management, biofeedback, eating disorders.

***Residents***

***2014-2015 Postdoctoral Residents:***

Julie Bazzo, Loma Linda University (Health)

Leetyng "Jen" Chou, Pacific Graduate School of Psychology at Palo Alto University (Health)

Nathaniel Hawkins, Pacific Graduate School of Psychology at Palo Alto University (Trauma)

Veronica Llamas, Loma Linda University (Neuropsychology)

Maribel Padua, Pacific Graduate School of Psychology at Palo Alto University (Health)

Dylan Schwartz, Pacific Graduate School of Psychology at Palo Alto University (Health)

Natalie Stroupe, University of Kansas (Outpatient Mental Health)

***2013-2014 Postdoctoral Residents:***

Alex Barrad, PGSP- Stanford Psy.D. Consortium (Trauma)

Amanda Dewbray, Arizona School of Professional Psychology (Health)

Krystal Gregg, George Fox University (Health)

Andi Scott, Pacific Graduate School of Psychology at Palo Alto University (Health)

Troy Stettler, Pacific University (Neuropsychology)

Roxanne Upah, Pacific Graduate School of Psychology at Palo Alto University (Health)

Christina Wei, Ohio University (Outpatient Mental Health)

***2012-2013 Postdoctoral Residents:***

Troy Stettler, Pacific University (Neuropsychology)

Quoc Thai Le, University of Kansas (Trauma)

Megan Wagner, George Mason University (Health)

Kerri Schutz, Pepperdine University (Health)

***2011-2012 Postdoctoral Residents:***

Suzanne Hilleary, Fuller Theological Seminary, Graduate School of Psychology (Neuropsychology)

Christine Holland, University of Illinois at Chicago (Health)

Tara Nyasio, Fuller Theological Seminary, Graduate School of Psychology (Trauma)

Elizabeth Welsh, Fuller Theological Seminary, Graduate School of Psychology (Health)

***2010-2011 Postdoctoral Residents:***

Katy Dondanville, Argosy University, Chicago Campus (Trauma)

Kieha Edwards, Long Island University (Health)

Suzanne Hilleary, Fuller Theological Seminary, Graduate School of Psychology (Neuropsychology)

Deborah Tallungan, Fuller Theological Seminary, Graduate School of Psychology (Health)

***2009-2010 Postdoctoral Residents:***

Bridget Gerber, Wright State University of Professional Psychology (Health)

Our Trauma Postdoc had to leave shortly after starting due to personal reasons

***2008-2009 Postdoctoral Residents:***

Martin Hsia, Fuller Theological Seminary, Graduate School of Psychology (Trauma)

Shira Max, Argosy University, Honolulu (Health)